

First Seniority Freedom Premier Prescription Drug Coverage

Your employer has chosen to offer prescription drug coverage. The following chart details your prescription drug copayments.

Tier	Copayment for up to a 30-day supply at a retail pharmacy	Copayment for up to a 90-day supply of maintenance drugs through mail service
1	\$10	\$20
2	\$20	\$40
3	\$35	\$105

Catastrophic Coverage: After your yearly out-of-pocket costs reach \$4,350, you pay the following copayment of (up to a 90-day supply): The greater of \$2.40 or 5% coinsurance for generic (including brand drugs treated as generic) and \$6.00 or 5% coinsurance for all other drugs.

Prescription Drugs

Drugs covered under Medicare Part D

- This plan uses a formulary.
- The plan will send you the formulary. You can also see the formulary at <http://www.harvardpilgrim.org/fsformulary> on the web.
- Different out-of-pocket costs may apply for people who;
 - have limited incomes
 - live in long-term care facilities, or
 - have access to Indian/Tribal/Urban (Indian Health Service).
- The plan offers national in-network prescription coverage.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Some drugs have quantity limits.
- Your provider must get prior authorization from First Seniority Freedom for certain drugs.
- If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.
- Drugs covered by First Seniority Freedom that are not covered by Medicare Part D do not count toward your out-of-pocket expenses.